

## APPLICATION FOR RECORDS RETENTION SCHEDULE

GEORGIA DEPARTMENT OF HUMAN RESOURCES  
OFFICE OF ADMINISTRATIVE SERVICES  
RECORDS MANAGEMENT UNIT

For instructions on completing this form contact DHR Records Management Unit, 47 Trinity Avenue, Atlanta, Georgia 30334. Phone - (404) 656-4976 GIST: 221-4983

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| <b>DHR</b><br>Application Date<br>11/22/82<br>Application Number<br>82-60   |  | <b>1. GEORGIA DEPARTMENT OF HUMAN RESOURCES</b><br><b>Division of Rehabilitation Services</b><br><b>Quality Assurance and Staff Development</b><br><b>Policy Unit</b><br>47 Trinity Ave. S.W.<br>Atlanta, Ga. 30334 |  | <b>ARCHIVES AND HISTORY</b><br>Application Number<br><b>82-605</b><br>Date Received<br>NOV 29 1982<br>Date Completed<br>JAN 19 1983 |  |
| <b>2. Person to Contact</b><br>Eloise Veitch<br>Bill Brake  |  | <b>Working Title</b><br>Secretary<br>Chief Policy Unit  |  | <b>Telephone Number</b><br>656-5748   |  |
| <b>3. Action Requested</b><br>a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate.<br>b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated.<br>c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void  |  |   |  |   |  |
| <b>4. Dates of Series</b><br>Earliest<br>1944<br>Latest<br>continuing   |  | <b>5. Records Series Title (followed by title used in office, if different)</b><br>Rehabilitation Services Panel of Specialists Agreement File  |  |   |  |
| <b>6. Division and Office Function</b> What is the function of the Division and the Office in which this record series is created?<br>The Division of Rehabilitation Services is responsible for providing those services necessary to increase the physical, mental, social and vocational capacities of handicapped individuals so their roles as contributing members of our society will be enhanced. The Quality Assurance Section is responsible for development and implementation of performance standards for all rehabilitation services programs and projects, maintenance of a Management Review System, conducting periodic reviews of programs and projects, and providing training to insure reliability/validity in the case review process. The Policy Unit is responsible for the development, implementation and maintenance of rehabilitation services policy systems, standards for the approval of service providers, fee schedules for the purchase of services, and administration of the rehabilitation services client appeals process. |  |   |  |   |  |
| <b>7. Records Series Description</b> This file contains the following documents (include form numbers and titles, if any): Attach samples of the file.<br>Documents relating to: maintaining an agreement with licensed physicians and psychologists to provide medical and consultative services to clients in accordance with Rehabilitation Services Schedule of Fees.<br>Included are: Application for Membership on the Panel of Specialists (inc. Psychologists); Authorization for the Release of Information; Letter of Approval and Appointment to Panel of Specialists from Rehabilitation Services; education and achievement certificates (copies); letters of certification and recommendation; and related correspondence.<br><br>File is arranged: <b>Alphabetically by Provider Name</b>  |  |   |  |   |  |
| <b>8. Monthly Reference Rate</b> How often are records referred to which are:<br>One to six months old <u>4</u> ; Seven to twelve months old <u>2</u> ; Thirteen to twenty-four months old <u>1</u> ;<br>Twenty-five months and older <u>1</u> ?  |  |   |  |   |  |
| <b>9. Annual Rate of Accumulation or Records</b><br>Letter-size drawers <u>2</u> ; Legal-size drawers _____ ; Shelves _____ ; Other (Specify) _____   |  |   |  |   |  |

| YES | NO | 10. Questionnaire (Place an "X" in the proper column)  |
|-----|----|--|
| X   |    | a. Is this the official copy of the series?<br>If not, where is it?  |
|     | X  | b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.                                     |
|     | X  | c. Is this a vital record?   |
|     | X  | d. Does this series have historical or long term research value?   |
|     | X  | e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately? |
|     | X  | f. Is the information contained in this series ever published? If yes, attach copy.  |
|     | X  | g. Is the information contained in this series ever analyzed and/or recorded in a summarized report?<br>If yes, attach copy. 92/12/11                |
|     | X  | h. Is there a duplication of this series in your office, or in another office or agency?<br>If yes, where? 00-28                                     |
|     | X  | i. Is this series (or a major portion of it) regularly microfilmed?  |
|     | X  | j. Does the record series result in a computer printout?   |

#### 11. Retention Requirements

The following requires the series to be kept:

- |                          |              |                                   |                |
|--------------------------|--------------|-----------------------------------|----------------|
| a. State Law             | _____ years. | d. Audit period                   | _____ years.   |
| b. Statute of limitation | _____ years. | e. Administrative need            | 3 _____ years. |
| c. Federal law           | _____ years. | f. Federal retention instructions | _____ years.   |

Attach copy or excerpt of laws or regulations. Explain administrative need.

**Administratively, these files are needed to document the Physician's or Psychologist's agreement to provide rehabilitation services to clients in accordance with Schedule of Fees.**

#### 12. Approved Disposition Instructions This agency recommends that the file series be cut off at the end of each:

☒ Calendar Year; ☐ Fiscal Year; ☐ Other \_\_\_\_\_ then,

- ☐ Hold in the current files area \_\_\_\_\_ month(s) \_\_\_\_\_ year(s); then
- ☐ Transfer to local holding area; hold \_\_\_\_\_ year(s); then
- ☐ Transfer to State Records Center; hold \_\_\_\_\_ year(s); then
- ☐ Destroy
- ☐ Transfer to State Archives for permanent retention.
- ☒ Other (Specify)

**When provider become inactive in program, remove from active file place in inactive file; Cut off inactive file at the end of each calendar year; hold in current files area 1 year transfer to State Records Center; hold 2 years; then destroy.**

These instructions apply to all prior and future accumulations of the series.

| Agency Head/Designee (Signature)   | Date     | Records Management Officer (Signature)  | Date     |
|--|----------|---|----------|
| <i>Bill Brub</i>   | 11/18/82 | <i>Paul T. Murphy</i>   | 11/18/82 |
| <p>State Records Committee (Signature) _____ Date _____</p>  |          |   |          |
| <p>Recommendations in paragraph 12 are approved.<br/>(If disapproved, attach letter of explanation.)</p> |          | <p>State Auditor/Designee <i>Wm. A. Smith</i> 12/29/82</p> <p>Secretary of State/Designee <i>Edward Weldon</i> 12/22/82</p> <p>Attorney General/Designee <i>Shugart</i></p> |          |